

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:: None

Number of Copies of CDs::

Sequence Submission?: Yes

Computer Readable Form (CRF)? Yes

Number of Copies of CRF:: 1

Title:: COMBINATION PRODUCTS USEABLE FOR  
AN ANTI-TUMOUR TREATMENT

Attorney Docket Number:: 017753-190

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Jean-Marc

Middle Name::

Family Name:: BALLOUL

Name Suffix::

City of Residence:: Lingolsheim

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 12, rue des Alouettes

City of Mailing Address:: Lingolsheim

State or Province of Mailing  
Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing  
Address:: 67380

Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Suzy
Middle Name::	
Family Name::	SCHOLL
Name Suffix::	
City of Residence::	Paris
State or Province of Residence::	
Country of Residence::	France
Street of Mailing Address::	6 cite Riverin
City of Mailing Address::	Paris
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	75010
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Jerome
Middle Name::	
Family Name::	LACOSTE
Name Suffix::	

City of Residence:: Grenoble  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 2 rue Madeleine  
City of Mailing Address:: Grenoble  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 38000

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application:: Parent Filing Date::</b>
This Application	National Stage of	PCT/FR2003/000007 01/03/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
France	02/00029	01/03/02	Yes

## **Assignee Information**

Assignee Name::	TRANSGENE
Street of Mailing Address::	11, rue de Molsheim
City of Mailing Address::	Strasbourg
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-67000